

## Form 1

IN THE SUPREME COURT OF THE STATE OF MONTANA  
Supreme Court Cause No. 10-0157  
(To be assigned by the Clerk of the Supreme Court)

Attorney for \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_

JOEL M. WHITE  
 Appellant,

FILED

MAR 29 2010

Ed Smith  
CLERK OF THE SUPREME COURT  
STATE OF MONTANA

16TH DISTRICT COURT, MIKE FERRITER, DOC  
 DIRECTOR, LISA GRADY, COLLECTIONS MGR, SAN  
 Appellee. LAW, WARREN CEC/CCN

## NOTICE OF APPEAL

NOTICE is given that JOEL M. WHITE, the Appellant above-named and who is the  
PLAINTIFF/PETITIONER (plaintiff/petitioner/or other designation) in that cause of action filed in the  
SIXTEENTH Judicial District, in and for the County of ROSEBUD, as Cause No. DC 92-33,  
 hereby appeals to the Supreme Court of the State of Montana from the final judgment or order  
 entered in such action on the 8 day of MARCH, 2010.

## THE APPELLANT FURTHER CERTIFIES:

1. That this appeal X is/is not subject to the mediation process required by M. R. App. P. 7. If subject to mediation, the money judgment being sought X is/is not less than \$5,000.
2. That this appeal is/is not an appeal from an order certified as final under M. R. Civ. P. 54(b). If this is such an appeal, a true copy of the District Court's certification order is attached hereto as Exhibit "A."
3. That the notice required by M. R. App. P. 27 has been or will be given, within 11 days of the date hereof, to the Supreme Court and to the Montana Attorney General with respect to a challenge to the constitutionality of any act of the Montana Legislature.
4. That all available transcripts of the proceedings in this cause have been/have not been X ordered from the court reporter contemporaneously with the filing of this notice of appeal. If all available transcripts have not been ordered, that Appellant has complied with the provisions of M. R. App. P. 8(3) contemporaneously with the filing of this notice of appeal.
5. That included herewith is the filing fee prescribed by statute, or the affidavit to proceed without payment of the required filing fee prescribed in the Appendix of Forms as Form 3.

Dated this 23 day of MARCH, 2010.

Joel M. White  
 Attorney for \_\_\_\_\_

## CERTIFICATE OF SERVICE

I hereby certify that I have filed a true and accurate copy of the foregoing NOTICE OF APPEAL with the Clerk of the Montana Supreme Court; and that I have served true and accurate

copies of the foregoing NOTICE OF APPEAL upon the Clerk of the District Court, each attorney of record, and each party not represented by an attorney in the above-referenced District Court action, as follows:

(list name and address of the Clerk of the District Court and each attorney or party served).

Dated this 23 day of MARCH, 2010.

ELIZABETH L. COLE, CLERK OF COURT

Name

P.O. Bx 48 FORSYTH, MT 59327

Address

CLERK OF DISTRICT COURT

Title

MONTANA ATTORNEY GENERAL

215 NORTH SANDERS, P.O. Bx 201401 HELENA, MT 59620

ATTORNEY GENERAL

MICHAEL HAYWORTH

P.O. Bx 69 FORSYTH, MT 59327

ROSEBUD COUNTY ATTORNEY

CERTIFICATE OF SERVICE

I hereby certify that I served true and accurate copies of the foregoing ~~Notice of Appeal~~ by depositing said copies into the U.S. mail, postage prepaid, addressed to the following:

Attorney for .....  
(address) .....

DATED this 23 day of March 2000

Joel M. White  
(signature)

ELIZABETH L. COLE  
P.O. Box 48 Forsyth, MT 59327  
CLERK OF DISTRICT COURT

MONTANA ATTORNEY GENERAL  
215 NORTH SPIDERS P.O. Box 201401 HELENA, MT 59620  
ATTORNEY GENERAL

MICHAEL HAYWORTH  
P.O. Box 69 Forsyth, MT 59327  
ROSEBUD COUNTY ATTORNEY

I, BONNIE MECKLING, am the keeper of the accounting records for CCA-  
Crossroads Correctional Center. I hereby certify that the attached copy the account  
of JOEL WHITE AO# 20229  
is true and accurate.

Signature of certified: Bonnie Meckling Date: 3-25-10.

**Notary Public:**

State of Montana

County of Todd

Signed or attested before me on 3-25-10 by Bonnie Meckling

Signature of Notary Officer: Cecily Marie Simons

Commission Expires: 9/1/12

